

# ABORTION MDs who do them and those who won't

Pickets, partner problems, and pressures — also, few like to be called 'abortionists.'

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Alaska is a good bet to keep abortion legal even if the U.S. Supreme Court overturns its 1973 *Roe v. Wade* decision and guts federal protection for the procedure. One indication was a 1982 initiative in which Alaskans voted overwhelmingly for the continued use of state funds for abortions for low-income women.

But today, a generous estimate is that only a dozen doctors perform abortions in Alaska, the largest state in the union. At last count, in 1985, nearly 3,500 abortions were done there in a year.

Few of Alaska's hospitals allow the procedure, so most of these physicians lack facilities to perform abortions within state guidelines later than 14 weeks; a woman who requires a second-trimester abortion likely must travel out of state, probably to Seattle.

Women getting uncomplicated early abortions in outpatient settings in Alaska pay about \$450, twice the national average. Even taking into account the higher prices Alaskans pay because of their location the cost is still elevated, a product of basic economics: high demand paired with few providers.

Yet some physicians who do perform abortions say they would like to do fewer. One of these is Marshall Goldberg, MD, a Fairbanks ob-gyn who expects to handle 350 to 400 abortions this year. "A lot more doctors should be doing abortions; then there would be less pressure on everybody," he says.

The U.S. Supreme Court is not responsible for this dearth of providers, nor is the state legislature, nor are the voters. And the situation in Alaska is not unique.



TIM JONKE/FOR AMN

*Editor's note: Much is written concerning abortion; little of it is about the physicians faced with the decision of whether to do this procedure. In a special report, AMN looks at this complex issue. The weekly feature Your Changing Practice will return next week.*

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Abortion is a matter of choice in this country not only for women but for physicians as well. All over the country, most physicians are choosing not to do it — even when their specialties suggest that they would.

ABORTION TOPS the list of the most commonly performed outpatient surgical procedures in the United States — 1.6 million a year. About 80% are done by ob-gyns, with the balance performed by other specialties and even a smattering of non-MDs.

But those numbers don't tell the whole story. About 60% of the country's roughly 30,000 ob-gyns opt out of the procedure, according to a 1982 survey by the Alan Guttmacher Institute (AGI), a not-for-profit research group in the field of reproductive health. A 1985 sampling by the American College of Obstetricians and Gynecologists (ACOG) put the figure even higher — at more than two-thirds.

"It's difficult to find doctors who will do abortions; it's hard to say why," says Willa Craig, executive director of the Blue Mountain Women's Clinic in Missoula, Mont., where three part-time physicians perform an average of about 900 abortions a year.

In 1985, the AGI identified 2,680 institutional providers — 1,191 hospitals, 399 abortion clinics, 438 other clinics, and 652 physicians' offices. The greatest concentrations are in urban areas. These figures make the role of hospitals appear to be more significant than it is: 87% of the abortions performed in this country every year are done outside of hospitals, in physicians' offices.

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## For one MD, performing abortions is responding to 'the desires of my patients'

Jan Barton, MD, figures that if you ask 100 gynecologists how they feel about same procedure done in a hospital, and their safety record is good.

abortion, perhaps half a dozen will say they actually like to provide the service.

"I'm one of those six," he says.

Dr. Barton is the owner of the American Women's Medical Center, a one-story yellow-brick building in a working-class neighborhood on Chicago's Northwest Side. It is one of about 400 freestanding clinics in the United States that do roughly 60% of the 1.6 million abortions performed each year.

The trend for years has been toward abortion provision in freestanding clinics that specialize in the procedure, even if it is not the only service offered there. The main reason is cost — they can do the simple suction curettage that has become routine in the first trimester for one-half to one-third of the cost of the



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Gynecologist Jan Barton, MD

York to have abortions, he opened an office there that he occupied just on Saturdays. He

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